

APPLICATION FOR A MINOR REVISION TO A WASTEWATER FACILITY OR ACTIVITY PERMIT

1. Instructions

- a. In accordance with Rule 62-620.325, F.A.C., this form must be submitted to the appropriate Department district office or approved local program when requests for minor revisions to a permit or minor modifications to a facility are made by a permittee, except for transfer of a permit to a new permittee and addition of a major user of reclaimed water to a Part III reuse system. Application for transfer of a permit to a new permittee shall be made on DEP Form 62-620.910(11). Application for addition of a major user of reclaimed water shall be made on DEP Form 62-610.300(4)(a)1.
- b. Each applicable item must be completed in full in order to avoid delay in processing of this form. Where attached sheets or other technical documentation are provided, indicate appropriate cross-references.
- c. Three (3) copies of this application with supporting documentation shall be submitted with this form.
- d. All information is to be typed or printed in ink. Dates are to be entered in MM/DD/YR format.
- e. This application and attachments shall be signed in accordance with Rule 62-620.305, F.A.C. Also, as applicable, this application and all attachments shall be signed and sealed by a professional engineer registered in Florida in accordance with Rule 62-620.310, F.A.C.

2. Facility Information

	a. Permit Number:	b. Facility Identification Number:
	c. Project/Facility Name:	
	d. Contact Name:	
	Number and Street:	
	City/State/Zip Code:	
	Telephone	
3.	Type of Revision	
	Correct Typographical requested.	Errors ¹ - Submit one copy of each page of the permit showing revisions being
		Schedule ¹ - Provide a description of the improvement, a list of the dates to be revised, osed change in each date.
	Change Expiration Dat reasons for the proposed	e of Permit ¹ - Provide the current and proposed expiration dates for the permit and the change.
	Change Staffing Require accordance with Chapter	rements ² - Describe the proposed change and submit justification for the change in 62-699, F.A.C.

the change in accordance wi	Reporting Requirements ² - Describe the proposed change and submit justification for th Chapter 62-601, F.A.C.
Modify Approved Pretrea required by Rule 62-625.54	tment Program ¹ - Describe the proposed modification and provide the information 0, F.A.C.
☐ Delete Point Source Outfa	ll ¹ - Identify the outfall and explain why the outfall is being eliminated.
	ved Residuals Land Application Sites ² - Attach a new or updated Agricultural Use quired by Chapter 62-640, F.A.C.
	Facility ² - Provide a description of the proposed modification. If applicable, attach fications which have been developed to implement this modification.
Other ² - Provide appropriate	e documentation. Describe.
Certifications	
a. Applicant or Authorized Re	presentative
this application and all attac obtaining the information co	w that I have personally examined and am familiar with the information submitted in hments and that, based on my inquiry of persons immediately responsible for ontained in the application, I believe that the information is true, accurate and here are significant penalties for submitting false information, including the sonment.
(Signature of Applicant or A	Authorized Representative ³) (Date)
	•
Name (please type)	Company Name
Name (please type) Title	Company Name Company Address:
Name (please type) Title	Company Name Company Address: City/State/Zip Code:
Name (please type) Title Phone:	Company Name Company Address: City/State/Zip Code:
Name (please type) Title Phone: Email (optional): b. Professional Engineer Regis I certify that the engineering conform to engineering prin	Company Name Company Address: City/State/Zip Code: greatures of this project have been (designed) (examined) by me and found to ciples applicable to such projects. In my professional judgement, this facility, when ed, and maintained, will comply with all applicable statutes of the State of Florida
Name (please type) Title Phone: Email (optional): b. Professional Engineer Regis I certify that the engineering conform to engineering prin properly constructed, operate	Company Name Company Address: City/State/Zip Code: greatures of this project have been (designed) (examined) by me and found to ciples applicable to such projects. In my professional judgement, this facility, when ed, and maintained, will comply with all applicable statutes of the State of Florida
Name (please type) Title Phone: Email (optional): b. Professional Engineer Regis I certify that the engineering conform to engineering prin properly constructed, operat and rules of the Department	Company Name Company Address: City/State/Zip Code: greatures of this project have been (designed) (examined) by me and found to ciples applicable to such projects. In my professional judgement, this facility, when ed, and maintained, will comply with all applicable statutes of the State of Florida .
Name (please type) Title Phone: Email (optional): b. Professional Engineer Regis I certify that the engineering conform to engineering prin properly constructed, operat and rules of the Department Name (please type): Florida Registration Number Company Name:	Company Name Company Address: City/State/Zip Code: greatures of this project have been (designed) (examined) by me and found to ciples applicable to such projects. In my professional judgement, this facility, when ed, and maintained, will comply with all applicable statutes of the State of Florida
Name (please type) Title Phone: Email (optional): b. Professional Engineer Regis I certify that the engineering conform to engineering prin properly constructed, operat and rules of the Department Name (please type): Florida Registration Number Company Name: Company Address:	Company Name Company Address: City/State/Zip Code: greatures of this project have been (designed) (examined) by me and found to ciples applicable to such projects. In my professional judgement, this facility, when ed, and maintained, will comply with all applicable statutes of the State of Florida correction.
Name (please type) Title Phone: Email (optional): b. Professional Engineer Regis I certify that the engineering conform to engineering prin properly constructed, operat and rules of the Department Name (please type): Florida Registration Number Company Name: Company Address: City/State/Zip Code:	Company Name Company Address: City/State/Zip Code: greatures of this project have been (designed) (examined) by me and found to ciples applicable to such projects. In my professional judgement, this facility, when red, and maintained, will comply with all applicable statutes of the State of Florida .
Name (please type) Title Phone: Email (optional): b. Professional Engineer Regis I certify that the engineering conform to engineering prin properly constructed, operat and rules of the Department Name (please type): Florida Registration Number Company Name: Company Address: City/State/Zip Code:	Company Name Company Address: City/State/Zip Code: greatures of this project have been (designed) (examined) by me and found to ciples applicable to such projects. In my professional judgement, this facility, when red, and maintained, will comply with all applicable statutes of the State of Florida or:
Name (please type) Title Phone: Email (optional): b. Professional Engineer Regis I certify that the engineering conform to engineering prin properly constructed, operat and rules of the Department Name (please type): Florida Registration Number Company Name: Company Address: City/State/Zip Code: Phone Number:	Company Name Company Address: City/State/Zip Code: greatures of this project have been (designed) (examined) by me and found to ciples applicable to such projects. In my professional judgement, this facility, when red, and maintained, will comply with all applicable statutes of the State of Florida .

4.